

MOTOR VEHICLE FUEL DISTRIBUTOR REGISTRATION FORM

Name of Business

Telephone Number

Mailing Address

Physical Location of Principal Executive Office

Physical Location of Principal Business Office in California

Location of Physical Records

Position of Applicant: (check one)

Proprietor/Owner

Corporate Officer

Partner

Legal Structure of Business: (check one)

Sole Proprietorship

Corporation

Partnership

Type of Business: (check all that apply)

Hauler

Broker

Blender

Refiner

Wholesaler

Retailer

Board of Equalization Number

Corporation Number

I declare that I have examined this statement and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of Applicant

Date

Please forward completed registration forms to:

Enforcement Division
Air Resources Board
P.O. Box 2815
Sacramento, CA 95812